## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	C C00075820			
	M M / D D / Y Y Y Y			
Check if 24-hour report 48-hour report New report Amends report for				
Full Name of Payee BASSWOOD RESEARCH	Date of Public Distribution/Dissemination			
	09 / 11 / 2014			
Mailing Address 4550 MONTGOMERY AVE STE 906	Amount			
City State Zip Code	10702.50			
BETHESDA MD 20814	Transaction ID : SE24-0.042239 Date of Disbursement or Obligation			
Purpose of Expenditure SURVEY RESEARCH  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support O	ffice Sought: X House District: 24			
JOHN M KATKO Oppose	President Senate State: NY			
Calcinati Total To Bato	isbursement For: Primary ⊠ General  Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
BASSWOOD RESEARCH	09 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4550 MONTGOMERY AVE	Amount			
STE 906				
City State Zip Code BETHESDA MD 20814	10702.50  Transaction ID : SE24-0.042242  Date of Disbursement or Obligation			
Purpose of Expenditure SURVEY RESEARCH  Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support O	ffice Sought:			
DANIEL B MAFFEI Oppose	President Senate State: NY			
	isbursement For:  Primary  General 014  Other (specify) ▶			
•				
(a) SUBTOTAL of Itemized Independent Expenditures	21405.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis  [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE					
	C C00075820				
Check if 24-hour report					
Full Name of Payee	Date of Public Distribution/Dissemination				
DMM MEDIA INC	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1911 N FORT MYER DR					
STE 400	Amount				
City State Zip Code	2500.00				
ARLINGTON VA 22209	Transaction ID : SE24-0.042235  Date of Disbursement or Obligation				
Purpose of Expenditure MEDIA  Category/ Type	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	ce Sought: X House District: 24				
DANIEL B MAFFEI Oppose	President Senate State: NY				
Calendar Year-To-Date Per Election for Office Sought  Disl 201741.54	oursement For: Primary X General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
DMM MEDIA INC	09 11 2014				
Mailing Address 1911 N FORT MYER DR					
STE 400	Amount				
City State Zip Code	2500.00				
ARLINGTON VA 22209	Transaction ID : SE24-0.042236 Date of Disbursement or Obligation				
Purpose of Expenditure  Category/	M - M / D - D / Y - Y - Y				
MEDIA Type	09 12 2014				
Name of Federal Candidate Support Offi	ce Sought: X House District: 24				
JOHN M KATKO Oppose	President Senate State: NY				
	bursement For: Primary X General				
Per Election for Office Sought 201741.54 201					
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Keith A. Davis  [Electronically Filed] Date	09 12 2014				
Signature [Electronically Filea] Date	2014				

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

**PAGE** OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE C00075820 X 48-hour report New report Check if 24-hour report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination DMM MEDIA INC 09 2014 11 Mailing Address 1911 N FORT MYER DR Amount STF 400 State Zip Code 10899.56 City VA 22209 Transaction ID: SE24-0.042237 **ARLINGTON** Date of Disbursement or Obligation Purpose of Expenditure Category/ **MEDIA** 09 12 2014 Type Name of Federal Candidate X House 24 Office Sought: District: Support DANIEL B MAFFEI NY Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 201741.54 2014 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination DMM MEDIA INC 2014 Mailing Address 1911 N FORT MYER DR Amount **STE 400** City State Zip Code 10899.57 **ARLINGTON** VA 22209 Transaction ID: SE24-0.042238 Date of Disbursement or Obligation Purpose of Expenditure Category/ MEDIA 2014 09 12 Type Name of Federal Candidate 24 X Support Office Sought: X House District: JOHN M KATKO NY Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 201741.54 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 21799.13 (b) SUBTOTAL of Unitemized Independent Expenditures ..... (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Keith A. Davis [Electronically Filed] 09 12 2014 Date Signature

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	PAGE	4	OF	5	
	FOR SE	OF	FORM	24/48	
_	DENTIFICATION NUMBER -				

			FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE  FEC IDENTIFICATION NUMBER 1				
			C C00075820	
Check if 24-hour report X 48-hour report New report Amends report filed on				
Full Name of Payee NATIONAL MEDIA RESE	ARCH PLANNING & PL	ACEMENT LLC	Date of Public Distribution/Dissemination	
Mailing Address 815 SLATERS LA	NE		09 12 2014 Amount	
City	State	Zip Code	76768.71	
ALEXANDRIA	VA	22314	Transaction ID : SE24-0.042229  Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA		Category/ Type	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: X House District: 24	
DANIEL B MAFFEI		X Oppose	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought	2	201741.54	Disbursement For: Primary General 2014	
			Other (specify) -	
Full Name of Payee NATIONAL MEDIA RESE	ARCH PLANNING & PL	ACEMENT LLC	Date of Public Distribution/Dissemination	
Mailing Address 815 SLATERS I	_ANE		09 12 2014 Amount	
City	State	Zip Code	76768.70	
ALEXANDRIA	VA	22314	Transaction ID : SE24-0.042230	
Purpose of Expenditure		I	Date of Disbursement or Obligation	
MEDIA		Category/ Type	09 / 12 / 2014	
Name of Federal Candidate		X Support	Office Sought: House District: 24	
JOHN M KATKO		Oppose	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		201741.54	Disbursement For: Primary General 2014	
	,,		Other (specify)	
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		153537.41	
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditure	9S		·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Keith A. Davis	<i>[Electron</i> ]	ically Filed] Date	09 12 2014	
Signature	LEWON	Date	2014	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼  C C00075820
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	on
Full Name of Payee ONMESSAGE INC	Date of Public Distribution/Dissemination  09 11 2014
Mailing Address 705 MELVIN DR	Amount
STE 105	
City State Zip Code ANNAPOLIS MD 21401	20610.00  Transaction ID : SE24-0.042243  Date of Disbursement or Obligation
Purpose of Expenditure MEDIA  Category/ Type	09 / 12 / 2014
Name of Federal Candidate Support Office	Sought: X House District: 01
ANN KIRKPATRICK Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	20040.00
(a) SOBTOTAL OF REINIZED INDEPENDENT Experiorities	20610.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	222351.54
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Keith A. Davis  [Electronically Filed] Date	
Olynalale	